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APPLICANTS

Thomas A. Victorian, Plymouth, MN;
 David A. Preves, Chanhassen, MN;
 J. Virgil Bradley, Plymouth, MN;

** CONTINUING DATA ***** N/A E. S.

** FOREIGN APPLICATIONS ***** N/A E. S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MN	12	42	4

ADDRESS

Schwegman, Lundberg, Woessner & Kluth, P.A.
 P.O. Box 2938
 Minneapolis, MN 55402

TITLE

External ear canal voice detection

FILING FEE RECEIVED 1382	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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